

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT <b>12-DEC-2012</b>		TIME <b>08:19:00</b>		2. ADDRESS OF OCCURRENCE <b>45 1/2 W 111TH ST CHICAGO, IL 60628</b>				3. LOCATION CODE <b>233</b>		4. BEAT/OCCUR. <b>0522</b>					
		5. POSITION <b>9161</b>		6. LAST NAME <b>HOOD</b>		7. FIRST NAME <b>BRIAN</b>		8. STAR NO. <b>10598</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE <b>506</b>		12. HT. <b>145</b>	
SUBJECT INFORMATION		14. DATE OF APPT. <b>07-JUL-1997</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>005 0532</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
		20. LAST NAME <b>COLEMAN</b>		21. FIRST NAME <b>PHILLIP</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>[REDACTED]</b>		27. WT. <b>[REDACTED]</b>	
REASON FOR USE OF FORCE (Check all that apply)		28. ADDRESS <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), MOUTH (SPIT,BITE,ETC), FEET, <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	
		36. CHARGES PLACED <b>[REDACTED]</b>		37. CB NO. <b>01855729</b>		38. IR NO. <b>[REDACTED]</b>		39. DNA <input type="checkbox"/> DNA		40. DNA <input type="checkbox"/> DNA		41. DNA <input type="checkbox"/> DNA		42. DNA <input type="checkbox"/> DNA		43. DNA <input type="checkbox"/> DNA	
WEAPON DISCHARGE INCIDENT		38. DNA <input type="checkbox"/> DNA		39. DNA <input type="checkbox"/> DNA		40. DNA <input type="checkbox"/> DNA		41. DNA <input type="checkbox"/> DNA		42. DNA <input type="checkbox"/> DNA		43. DNA <input type="checkbox"/> DNA		44. DNA <input type="checkbox"/> DNA		45. DNA <input type="checkbox"/> DNA	
		46. DNA <input type="checkbox"/> DNA		47. DNA <input type="checkbox"/> DNA		48. DNA <input type="checkbox"/> DNA		49. DNA <input type="checkbox"/> DNA		50. DNA <input type="checkbox"/> DNA		51. DNA <input type="checkbox"/> DNA		52. DNA <input type="checkbox"/> DNA		53. DNA <input type="checkbox"/> DNA	
CASE INFO.		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER <b>[REDACTED]</b>		46. MODEL <b>[REDACTED]</b>		47. BARREL LENGTH <b>[REDACTED]</b>		48. CALIBER/GAUGE <b>[REDACTED]</b>	
		49. TASER DART ID NO. <b>C31013N4</b>		50. WEAPON SERIAL No. (Include Letters) <b>X00-062-358</b>		51. CHICAGO GUN REG. NO. <b>[REDACTED]</b>		52. IL FIREARM OWNER ID. NO. <b>[REDACTED]</b>		53. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>		54. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		55. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		56. TYPE OF AMMUNITION USED <b>[REDACTED]</b>	
SIGNATURES		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>[REDACTED]</b>		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CATDRIDGES/ SHOT SHELLS RELOADED <b>[REDACTED]</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>	
		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>[REDACTED]</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b>[REDACTED]</b>		70. EVENT NO. <b>1234702558</b>		71. R.D. NO. <b>HV600490</b>			
SIGNATURES		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		73. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		74. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		75. REPORTING MEMBER (Print Name) <b>HOOD, BRIAN</b>		76. STAR/EMPLOYEE NO. <b>10598</b>		77. SIGNATURE <b>[REDACTED]</b>		78. DATE REVIEWED <b>13-DEC-2012 22:15:52</b>		79. TIME <b>13-DEC-2012 22:15:52</b>	
		79. REVIEWING SUPERVISOR (Print Name) <b>CASEY, MICHAEL F</b>		80. STAR NO. <b>191</b>		81. SIGNATURE <b>[REDACTED]</b>		82. DATE REVIEWED <b>13-DEC-2012 22:15:52</b>		83. TIME <b>13-DEC-2012 22:15:52</b>		84. LOG# <b>1058981</b>		85. Attachment <b>30</b>			

### WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject was intubated at Roseland Hospital

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information provided to me at this time I have concluded that the member's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 158981 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CASEY, MICHAEL F

SIGNATURE

DATE COMPLETED

TIME

13-DEC-2012 22:20:00

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR'S THIS EVENT No.

1